

Update of the Cabinet Member for Health, Wellbeing and Adult Social Care

Health and Adult Social Care Committee 27th February 2024

1. Purpose of the Cabinet Member update

- 1.1. This paper provides a short round of updates from across the portfolio of the Cabinet Member for Health, Wellbeing and Adult Social Care. It presents an opportunity for the cabinet member to speak directly to the HASC Scrutiny Committee and highlight key pieces of work, both to share successes and identify challenges and opportunities in the coming months. The Committee are invited to consider the information below and ask questions of clarification at the meeting subject to the Chair's discretion. Requests for additional information can be addressed to the relevant director/s outside of the meeting. The Committee may also use the cabinet member updates to inform their scrutiny work planning for the coming year.

2. Adult Social Care (ASC) Waiting Lists

- 2.1. We have seen a rise in social care referrals in early 2024 however this is not untypical during the winter period. We are nonetheless continuing to see an overall gradual reduction in numbers of people and carers who are waiting for an assessment or review as the management action plan continues to take effect.
- 2.2. We are also seeing the number of people who are waiting for an Occupational Therapy assessment begin to reduce. We continue to source additional staffing capacity to assist us with completing overdue reviews and assessments and we are confident that the numbers of people waiting will continue to fall over the coming months.
- 2.3. Our social work and occupational therapy teams continue to screen and prioritise people who present with the most urgent need and will always prioritise residents where there are safeguarding concerns. We continue to perform well in supporting NHS colleagues with hospital discharge and the numbers of people waiting for a package of care before discharge remain comparatively low.

3. ASC CQC (Care Quality Commission) Assessment

- 3.1. Adult Social Care is making good progress in our preparation for CQC Assessment, due to take place at any point from now through 2025. Phase one of our preparation included engagement of wider staff in our stocktake and review of evidence as part of our checklist exercise. Significant advances have been made with the drafting of our own self-assessment in phase two of our preparation, with further engagement of staff and residents underway. The views of staff, residents and stakeholders will be incorporated throughout the self-assessment whilst we continue finalising the document and ensuring the draft remains contemporaneous. Staff and resident engagement will continue

going forward to ensure that we have mechanisms for capturing feedback and iterating our self-assessment and action plan in order to keep these up-to-date and reflective of the experiences of the workforce and our local population.

- 3.2. In December 2023, the CQC issued further detailed guidance about the information required for submission by authorities upon a notification of inspection. We are gathering this comprehensive range of evidence, quality assuring it and maintaining a 'library' of evidence to ensure that we can respond within the required timescales.

4. Supporting People Connecting Communities Accommodation Plan

- 4.1. In recognition of its cross-cutting nature, we are realigning the plan's name which currently signals a focus on adult social care (ASC), to a broader organisational and partnership approach as the 'Supporting People Connecting Communities (SPCC) Accommodation Plan'.
- 4.2. We have developed an implementation plan in partnership with key stakeholders to identify a number of emerging projects, many already in planning or delivery phase, which are strategically linked to the SPCC Accommodation Plan and its five key ambitions. The plan will facilitate work across commissioning teams and council departments to create a more permeable approach to aspects of capital development, planning, resourcing and resident pathways.
- 4.3. Because of the dependencies identified with cross-borough priorities, projects and opportunities for transformation, we have highlighted the need for robust governance in order for collaborative working to effectively deliver these projects. Robust accountability and governance for the plan will be in place through an SPCC Accommodation Implementation Board, creating a space to bring people together across accommodation-based portfolios, transformation programmes and departmental teams.
- 4.4. The Board will have a shared endeavour with cross-council networks, service providers, Camden stakeholders and residents that focuses on delivering positive outcomes, utilising a whole systems approach. The Board will ensure that strategic and operational links associated at project level are aligned and will be a catalyst for future work across the ten-year Plan. The activity within the current implementation plan is focused on the next three years and is now in final draft form.
- 4.5. The timeline for the launch of the SPCC Accommodation Plan includes meetings with a number of senior and departmental management teams to ensure shared ownership, before moving through to sign-off at the SPCC Board on the 26th March towards a full launch of the Plan from April.

5. Update on the Healthy Weight Programme

- 5.1. As part of Camden's commitment to support residents to have and maintain a healthy weight, a Healthy Weight Driving Group was convened in January 2024, and will continue to meet bi-monthly, to establish strong working connections between different organisations and departments in Camden to enable effective and comprehensive whole systems working on healthy weight.
- 5.2. This group will ensure that resident views underpin the work and identify levers and opportunities to influence a whole systems approach to Healthy Weight. The working group will contribute to an updated needs assessment on healthy weight that includes partner and resident views and will oversee the development of a Camden Healthy Weight Acceleration Plan. The long-term plan will focus on supporting healthy weight throughout early years, school years, and adult years, with an initial focus on early years.

6. Coproduction within the Homeless Transformation Programme

- 6.1. Camden's Homelessness System Transformation aims to take a 'whole system' approach to addressing homelessness across housing, health, social care and the voluntary sector. A key pillar of the approach has been to coproduce the work with people with lived experience of homelessness, to ensure they are actively involved in deciding what needs to change and the efforts to change it.
- 6.2. The transformation includes a core group of people with lived experience (coproducers) who have helped prioritise the activity of the programme, including members of the Transformation Board, alongside, council, NHS and voluntary and community sector (VCS) colleagues. Other coproduced activities include developing a 'personal passport' that people can carry across services, developing an accessible map/guide for how to access the support they need, and improving access to mental health support. We are in the process of testing these ideas out and as part of our evaluation of the programme we will be assessing both the efficacy of these changes and the approach itself.

7. Recommissioning Adult Integrated Sexual Health Services

- 7.1. Camden are currently part of a commissioning collaborative with three other North Central London (NCL) boroughs (Barnet, Haringey and Islington). The current contract lead is provided by Islington Council and this contract runs until the end of June 2025.

- 7.2. At present the commissioning collaborative wish to continue to work together to develop and procure the new contract to start from July 2025 and Camden Council will be providing the lead for this (with financial contributions towards this lead arrangement being agreed with all participating boroughs).
- 7.3. This is a clinically complex contract which whilst locally designed needs to ensure that it aligns with the work of the London Programme for Sexual Health. As sexual health services are direct access, residents can go to any sexual health service in England for their care and their home borough will be invoiced for this activity. In London prior to the programme there was significant variation in pricing, as a result the Programme was set up to ensure a consistent tariff price for interventions provided within sexual health services.
- 7.4. The procurement of the new contract for Integrated Sexual Health Services will fall within the scope of the new Provider Selection Regime (PSR) which provides a range of procurement routes, including direct award. This is likely to be the first large scale procurement in the Council to commission under PSR and commissioners are working closely with procurement, finance and legal colleagues to ensure that the appropriate evidence is provided to enable robust decision making about the best procurement option to take.

8. Measles (data as of 8th February 2024)

- 8.1. Since 1st October 2023, UKHSA (United Kingdom Health Security Agency) have reported an increase in cases of measles across England, with a disproportionately high rate seen in the West Midlands (mainly in Birmingham) and an increase also seen in London. This has been declared by UKHSA as a standard national incident and by London as a local standard incident. 465 laboratory confirmed cases have been reported, 71% of which have been in the West Midlands, 13% in London and 7% in Yorkshire and The Humber. Most cases reported have been in children under the age of 10 years (66%) and 25% of cases were reported in young people and adults over the age of 15. Camden has not had any confirmed cases to date during this period.
- 8.2. Further outbreaks of measles are expected if Measles, Mumps and Rubella (MMR) vaccination uptake is not improved. The MMR is a 2-dose vaccine given routinely when children are age 12 months and then 3 years and 4 months as part of the routine schedule. Vaccination uptake in Camden is low with approximately 20% of 2-year-olds still not having received the first dose that was due age 12 months and almost 30% unvaccinated / partially vaccinated age 5.
- 8.3. Increasing MMR coverage in Camden is a well-established priority and a significant amount of work is in progress. The focus of this work is improving communications & access for MMR vaccination for children and young adults (12 months to 26 years old) and working with our NHS and community partners to do this. We are constantly trying to find new ways to communicate

with our residents and find out why MMR uptake is low so that we can improve our communications and access.

8.4. We are also training staff who have contact with children and vulnerable groups in our populations so that they are able to Make Every Contact Count (MECC) and communicate the importance of vaccination and access. We will use feedback from the contact that our staff have with residents to review communications material and access.

8.5. Key actions being taken forward include:

- Planning of vaccine clinics supported by the UCLH vaccination team, Family Hubs & Camden Council's vaccine bus, based on information about our unvaccinated population.
- Refreshed our communications (leaflets & posters) and distributed to schools, libraries, family hubs and VCS (Voluntary Community Sector) (translations available). A promotional poster will go live at bus stops around Camden on Monday 12.02.24 and digital screens after that.
- Written an article on Measles and MMR for the Heads newsletter.
- Developed a campaign resource and shared with VCS.
- Attended Headteacher's meeting on 07.02.24. to raise awareness of increase in cases and importance of MMR.
- Developed a 'Making Every Contact Count' (MECC) training pack for non-clinical staff.
- Training for parent & community champions is in the process of being developed.